

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/803,367
<b>Filing Date</b>	18 Mar 2004
<b>First Named Inventor</b>	Crawford, Jason R.
<b>Group Art Unit</b>	2617
<b>Examiner Name</b>	Temica M. Beamer
<b>Attorney Docket Number</b>	CISCO-8569

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	May 21, 2007
<b>ADDRESS FOR CORRESPONDENCE</b>	
Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Crawford, <i>et al.</i> Application No.: 10/803,367 Filed: March 18, 2004 Title: RADIOLOCATION IN A WIRELESS NETWORK USING TIME DIFFERENCE OF ARRIVAL	Group Art Unit: 2617 Examiner: Temica M. Beamer
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**TRANSMITTAL: RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.  
Included with the response are:

\_\_\_\_\_ drawing(s);

This application has:

\_\_\_\_\_ a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

  X   No additional fee is required.

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

\_\_\_\_\_ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

\_\_\_\_\_ one months (\$110)                      \_\_\_\_\_ two months (\$410)  
\_\_\_\_\_ three months (\$930)                      \_\_\_\_\_ four months (\$1450)

If an additional extension of time is required, please consider this as a petition therefor.

\_\_\_\_\_ A credit card payment form for the required fee(s) is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

- X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.  
X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

May 21, 2007  
Date

/Dov Rosenfeld/ #38687  
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:  
Dov Rosenfeld  
5507 College Avenue, Suite 2,  
Oakland, CA 94618  
Tel. 510-547-3378; Fax: +1-510-291-2985

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